



09/011,167

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ATTORNEY DOCKET NO. VEOC.001.01US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Geuze and Melief

) Examiner: Martha Lubet

Serial No.: 09/011,167

) Art Unit: 1644

Filed: October 5, 1998

) TRANSMITTAL

For: **CELL DERIVED ANTIGEN
PRESENTING VESICLES**

)

Assistant Commissioner of Patents
Washington, D.C. 20231

RECEIVED
JUL 10 2000
TELE-CENTER 1644-290

Sir:

Transmitted herewith are the following documents in the above-identified application:

- Small entity status of this Application under 37 CFR 1.9 and 1.27 has been established by a Verified Declaration previously submitted.
- A Verified Declaration of Small Entity Status Under 37 CFR 1.9 and 1.27 is enclosed.
- Response to Restriction Requirement.
- Petition for Extension of Time

Also enclosed:

- Return postcard (postage prepaid).
- Associate Power of Attorney.

CERTIFICATE OF FIRST-CLASS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on 6/27/2000.
(Date)

Signature: David Winslow

Printed Name: David Winslow

The fees have been calculated as shown below:

| <u>Claims</u> | <u>Remain after Amend</u> | <u>Highest No. Prev. Paid</u> | <u>Pres. Extra</u> | <u>Small Entity</u> | | <u>Large Entity</u> | |
|---------------|-------------------------------|-----------------------------------|------------------------|---------------------|------------|---------------------|------------|
| | | | | <u>Rate</u> | <u>Fee</u> | <u>Rate</u> | <u>Fee</u> |
| Total: | | | | 0 x \$9 = | \$0.00 | 0 x \$18 = | \$ |
| Indep: | | | | 0 x \$39 = | \$0.00 | 0 x \$78 = | \$ |

If Multiple dependent Claims

are used for the first time in this application, add \$130 (small entity) \$260 (large entity).

Total Additional Claims Fee:

\$

| <u>Extension of Time Fee</u> | | <u>Small Entity</u> | <u>Large Entity</u> |
|------------------------------|--------------|---------------------|---------------------|
| [] | One Month | \$ 55 | \$ 110 |
| [] | Two Months | \$190 | \$ 380 |
| [] | Three Months | \$435 | \$ 870 |
| [X] | Four Months | \$680.00 | \$1360 |

Other fees (list individually):

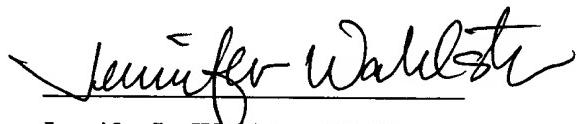
TOTAL FEES: **\$680.00**

- A check including the amount of TOTAL FEES is attached.
- Please charge Deposit Account No. 18-0020 in the amount of \$.
- No fee is required.
- Conditional Petition for Extension of Time: An extension of time is requested in the present and/or the above-referenced parent application to provide for timely filing if an extension of time is still required after all papers filed with this transmittal have been considered.

- [X] The Commissioner is hereby authorized to charge any underpayment of the following fees associated with this communication, including any necessary fees for extension of time, or credit any overpayment to Deposit Account No. 18-0020.
- [X] Any filing fees under 37 CFR 1.16 including fees for the presentation of extra claims.
- [X] Any parent application processing fees under 37 CFR 1.17.
- [X] A duplicate copy of this sheet is attached for accounting purposes.

Respectfully submitted,

Date: 27 June 2000



Jennifer L. Wahlsten, Ph.D.
Reg. No. 46,226

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BRV/JLW